

Name: _____ Date: _____

Fatigue - Part 1

Chief Complain - Primary Health Concern

Instructions: There are five (5) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your future should this condition continue.

My Fatigue is combined with: <input type="checkbox"/> Insomnia <input type="checkbox"/> Stress <input type="checkbox"/> Both <input type="checkbox"/> Other: _____	
Indicate all abnormalities that occur simultaneously with your Fatigue:	
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Balance</div><div style="width: 33%;"><input type="checkbox"/> Appetite</div><div style="width: 33%;"><input type="checkbox"/> Blood pressure</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Hearing</div><div style="width: 33%;"><input type="checkbox"/> Defecation</div><div style="width: 33%;"><input type="checkbox"/> Cardio</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Smell</div><div style="width: 33%;"><input type="checkbox"/> Digestion</div><div style="width: 33%;"><input type="checkbox"/> Respiratory</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Speech</div><div style="width: 33%;"><input type="checkbox"/> Thirst</div><div style="width: 33%;"><input type="checkbox"/> Skin</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Swallowing</div><div style="width: 33%;"><input type="checkbox"/> Urination</div><div style="width: 33%;"><input type="checkbox"/> Semen flow</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Taste</div><div style="width: 33%;"><input type="checkbox"/> Bleeding</div><div style="width: 33%;"><input type="checkbox"/> Sleep</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Touch</div><div style="width: 33%;"><input type="checkbox"/> Mucus flow</div><div style="width: 33%;"><input type="checkbox"/> Excess naps</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Vision</div><div style="width: 33%;"><input type="checkbox"/> Swelling</div><div style="width: 33%;"><input type="checkbox"/> Pain & Emotions</div></div>	<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Addiction</div><div style="width: 33%;"><input type="checkbox"/> Injury (Past)</div><div style="width: 33%;"><input type="checkbox"/> Injury (Recent)</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Attitude change</div><div style="width: 33%;"><input type="checkbox"/> Fertility</div><div style="width: 33%;"><input type="checkbox"/> Weight</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Behavior change</div><div style="width: 33%;"><input type="checkbox"/> Cravings</div><div style="width: 33%;"><input type="checkbox"/> Emotions</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Pain (physical)</div><div style="width: 33%;"><input type="checkbox"/> Twitching-Ticks</div><div style="width: 33%;"><input type="checkbox"/> Hiccups</div></div>

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 1.
Example: John_Doe_CC_Fatigue Part 1

Name: _____ Date _____

Use the next four (4) pages to embellish upon the details of your Fatigue and Life Experiences.

Fatigue - Part 2

Chief Complaint - Primary Health Concern

Instructions: The Day Your Fatigue became disruptive to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be ‘mid-November 2011’, or sometime in the summer of 2009, or it might be as specific as the morning of New Year’s Day 2012. Then describe the following:

- where you were located when you noticed the problem (or a medical diagnosis that was given),
- how you felt and any pain and/or emotional responses
- what ADL you could not do or what bodily functions were significantly impaired
- the duration of the symptom(s) and characteristics (qualities)
- anything that seemed to make it worsen or improve it
- any observations by other people of your behavior, emotions or physical condition

Date your Fatigue or associated symptoms became disruptive to your ADL or caused significant impairment:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 2.

Example: John_Doe_CC_Fatigue Part 2

Name: _____ Date _____

Fatigue - Part 3

Chief Complaint - Primary Health Concern

Instructions: Your Life Prior to the Day the Fatigue became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back to the earliest date when you noticed the Fatigue and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be ‘mid-November 2011’, or sometime in the summer of 2009, or it might be as specific as the morning of New Year’s Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Fatigue became disruptive to your ADL or caused significant impairment. These events include:
travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation
pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
child rearing problems children leaving home for college child custody illness accidents incarceration
institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of Primary Complaint or associated symptoms:

[illegible]

If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 3.

Example: John Doe CC Fatigue Part 3

Name: _____ Date _____

Fatigue - Part 4

Chief Complaint - Primary Health Concern

Instructions: Your Life 1 year Prior to the Earliest Date you noticed the Fatigue or associated symptoms cited in Part 3.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the Fatigue and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be ‘mid-November 2011’, or sometime in the summer of 2009, or it might be as specific as the morning of New Year’s Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Fatigue became disruptive to your ADL or caused significant impairment. These events include:
travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation
pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
child rearing problems children leaving home for college child custody illness accidents incarcerated
institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the Fatigue or associated symptoms:

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If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 4.

Example: John_Doe_Fatigue Part 4

Name: _____ Date _____

Fatigue - Part 5

Chief Complaint - Primary Health Concern

Instructions: Your Symptoms and Actions since the day your Fatigue or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the Fatigue or associated symptoms became disruptive to your ADL or caused significant impairment through to today.
Include the following:
 - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)
 - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this time period. These events include:
travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation
pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters
child rearing problems children leaving home for college child custody illness accidents incarcerated
institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the Fatigue or associated symptoms became disruptive to ADL or causative to significant impairment:

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If you need to include more information, write it in a MSWord documents and title it with your name and Fatigue Part 5.

Example: John_Doe_Fatigue Part 5